



## Missouri Pharmacy Program – Preferred Drug List



### DPP-IV Inhibitors

*Effective 07/05/2007*

*Revised 10/02/2014*

#### Preferred Agents

Available With Clinical Edits

- Januvia<sup>®</sup>
- Onglyza<sup>®</sup>
- Tradjenta<sup>®</sup>
- **Nesina<sup>®</sup>**

#### Non-Preferred Agents

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Documented or inferred diabetes mellitus diagnosis <ul style="list-style-type: none"><li>○ Oral hypoglycemic agent (at least 1 prescription)</li></ul>	Therapy will be denied if no approval criteria are met
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030